

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE OF HAWAII STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PARTI LOBBYIST					
NAME(Last)	(First)	(Middle)	TELEPHONE		
RADCLIFFE	JOHN	Н.	808-754-4026		
MAILING ADDRESS (Street	FAX				
222 SOUTH VINEYARD ST	808-599-4340				
(City)	(State)	(Zip	(Zip Code)		
HONOLULU	HAWAII	96813-	96813-2453		
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) TELEPHONE					
CAPITOL CONSULTANTS	808-531-4551				
MAILING ADDRESS (Stree	FAX				
222 SOUTH VINEYARD ST	808/533-4601				
· (City)	(State)	(Zip	Code)		
HONOLULU	HAWAII	9681	96813-2453		
	10000		3-24-33		

PART II ORGANIZATION					
NAME OF ORGANIZATION YOU	TELEPHONE 808-394-3108				
PRO SERVICE HAWAII					
MAILING ADDRESS (Street)	FAX 808-394-6592				
6600 KALANIANAOLE HIGHWAY, SUITE 200					
(City)	(State)	(Zip Code)			
HONOLULU	н	96825			
NAME OF PERSON RESPONSIBLE F	TELEPHONE 808-531-4551				
MELODY BUTAY DACANAY					
MAILING ADDRESS (Street)		FAX 808-533-4601			
222 SOUTH VINEYARD STREET,	SUITE 401				

r							
(City)		(State)	(Zip Co	(Zip Code)			
HON	OLULU	HI	96813	96813-2453			
PAR	PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY						
[]	Agriculture Communications & Public Utilities Consumer Protection & Commerce Culture, Arts, Historic Preservation	[] Education [] Government Operations & Finance [] Hawaiian Affairs [] Health [X] Housing	[] Human Services [] Intergovernmental Relations, International Affairs [] Labor & Employment [] Planning, Land & Water Use Management	[] Science, Technology & Economic Development [] Tourism & Recreation [] Transportation [] Other: (indicate below)			
[X]	Ecology, Energy Environmental Protection		[] Public Safety & Corrections				
PAR	T IV CERTIFICATIO	N OF LOBBYIST					
FAN			is, to the best of my knowledg	e correct and complete			
		alm A (Vadctl)	e)	22 MN. 2007			
	/)	(Signature of Lobbyist)		(Date)			
PAR	T V AUTHORIZATIC	N TO LORRY					
NAME		IN TO LODD!	TITLE OF AUTHORIZING OFFIC	DER OR PERSON REPRESENTED			
BENJ	AMIN GODSEY		PRESIDENT, FINANCI	E & ODERATIONS			
NAME	OF ORGANIZATION (if app	olicable)		FELEPHONE 808-394-3108			
PRO	PRO SERVICE HAWAII						
MAIL	NG ADDRESS (Street)	· F	FAX 808-394-6592				
6600 KALANIANAOLE HIGHWAY, SUITE 200							
	(City)	(State)	(Zip Co	de)			
· · ·	HONOLULU HI 96825						
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.							
	B		-	1117/07			
	(S i gnat	ure of Authorizing Office or Person I	Represented)	(Date)			